

STATE OF NEW JERSEY
DIVISION OF MENTAL HEALTH SERVICES
NORTHERN REGION

REQUEST FOR PROPOSALS

Residential Intensive Support Teams

November 8, 2002

I. Introduction

The New Jersey Division of Mental Health Services is currently implementing the Redirection II Plan, a multi-year system reform effort designed to improve the availability of, and access to, high quality, efficiently provided mental health services both at adult state psychiatric hospitals and in the community. Redirection II seeks to promote excellence in mental health treatment, and to strengthen and expand community mental health services by:

- facilitating the community placement of consumers who reside in state hospitals but who are capable of more independent living,
- reducing unnecessary hospitalizations of consumers already living within the community,
- replacing Greystone Park Psychiatric Hospital (GPPH) with a new state-of-the art physical plant, and
- improving the quality of services provided throughout the community and hospital public mental health system.

Within this initiative, the Division of Mental Health Services is issuing this Request for Proposals to develop a pilot innovative residential support program in the Northern Region Counties of Bergen, Passaic, and Morris. This initiative seeks to expand the existing system of residential services within the Northern Region by developing an additional approach to residential services which responds to both consumer need and expressed preference for individualized and in-home support. The pilot program is also intended to effectively address the community support needs of discharge ready individuals who are residents of GPPH from Bergen, Morris and Passaic Counties.

The Division envisions this innovative approach to be characterized by the provision of flexible, consumer driven support services provided to individuals in their own residences, including consumer-leased apartments or other independent residential settings, via a team approach. In general, traditional residential services, although very appropriate to certain individuals' needs and preferences, are typically organized by program and site. Staffing patterns and activity schedules are typically based on group and agency needs, and services, although they may be individualized, necessarily occur within the group context. The Division is seeking to develop and test an additional alternative approach for intensive support, that would be flexible in design and mobile, and in which consumers are full partners in planning their own care, while identifying and directing the types of support activities which would most help them maximize opportunities for successful community living. Staff support would be provided through a flexible schedule which may be adjusted as consumer needs or interests change. The residential intensive support team, as a housing model, is expected to support consumer use of other community mental health treatment, employment and rehabilitation services, as appropriate.

Funding for this program is available within the Division's Redirection II budget for SFY 2003.

II. Background

Redirection II: A Statewide Mental Health Quality Improvement Initiative seeks to promote high quality services, embrace and promulgate promising practices, and achieve increased community integration and customer satisfaction by improving quality of life for mental health consumers. In preparation for Redirection II, the Northern Region Advisory Group (NRAG) charged county-based focus groups to "brainstorm" issues relating to the Region's array of residential services. The NRAG employed feedback from these sessions as the basis of a number of discussions regarding the development of an optimal residential continuum of care based in a philosophy of consumer empowerment.

NRAG members identified intensive residential support services as a critical component of an expanded comprehensive system. The NRAG has endorsed development of such a service as an opportunity to support innovative, person-centered programming and to champion the inclusion of consumers as full partners in treatment and recovery. The Region identified Bergen, Morris, and Passaic Counties as appropriate sites in which to pilot this program, given the high numbers of persons from these counties represented among GPPH's residents. Division monitoring of GPPH discharge ready individuals suggests that there are many consumers who would prefer, as well as benefit from, an opportunity to receive intensive, flexible, and supportive services within permanent residences of their own choosing as an alternative to traditional residential group care.

Residential intensive support teams are viewed as one part of a continuum of residential services being expanded/developed through Redirection II. For persons leaving the state psychiatric hospital it is expected to both enrich and add flexibility to the existing system of community based residential and supportive housing services. The service is proposed as an innovative approach to individually address the needs of consumers who may require intensive but varying degrees of residential support in the transition from hospital to community living. The program will strive to maintain permanency in the consumers' choice of residence. It is expected that these clinically enhanced teams will obviate the need to unnecessarily relocate consumers due to fluctuation in status by adjusting service intensity to address consumer need, and thereby facilitating increased permanence in living arrangement.

Unlike PACT Teams, it is not expected that the residential intensive support teams will directly provide comprehensive mental health clinical and treatment services to enrolled consumers. Rather, it is intended that these teams will employ residential support and case management approaches to assure that a consumer accesses the full array of services needed to successfully function within his/her community.

III. Purpose/Goal of Request

The Division of Mental Health Services seeks proposals to extend options for community integration of GPPH discharges by establishing a pilot program of residential intensive support teams in the Counties of Bergen, Morris and Passaic.

It is intended that program development will result in the discharge from GPPH of a minimum of 21-30 individuals, of which 7-10 would be served per team by June 30, 2002. In State Fiscal Year 2004, each team is expected to accommodate additional GPPH discharges so as to reach a capacity goal of 21—25 per team. Increased enrollment during State Fiscal Year 2005 is anticipated, and will be determined by an assessment of each team's capacity and effectiveness in reaching planned goals.

Because this is envisioned as a pilot program of a new service, the Division anticipates a full evaluation of program outcomes, including consumer satisfaction and continued community tenure. Successful applicants will be expected to participate and respond to data requests.

Program performance should encompass the following values and practices:

- consumer driven and centered— a fully collaborative partnership that encourages growth toward independence by recognizing consumer strengths and resources and addressing consumer identified needs and priorities;
- flexible, individualized services— a mix of assistance, support and services provided in the individual's home, including 24/7 on-site when needed, and 24 hour on-call rapid response; coordination with other programs (including but not limited to outpatient, partial, supported employment) to comprehensively support achievement of consumer goals;
- team based service delivery— a clinically enhanced residential support staff, with a strong peer role, inclusive of specialists such as those with experience in co-occurring substance abuse disorders, or behavioral training, housing, nursing, consulting psychiatry, physician, etc.
- personal assistance approach— a personal assistance style with an emphasis on education and skill development in activities of daily living, volunteer or paid employment, social relationships, recreation and appropriate use of primary mental health services.

Programs developed pursuant to this RFP will be licensed as residential services, and as such must minimally meet the staff qualifications and service requirements in DMHS residential regulations (NJAC 10:37A).

IV. Funding Availability

Funding to support requested services is included within the State Fiscal Year 2003 Budget for the Redirection II Plan. In submitting proposed costs, applicants must provide detailed budgets for an annualized 12-month period, as well as anticipated phase-in costs through June 30, 2003. Phase-in costs should assure a contract starting date of February 1, 2003. Please note that capital funding is not available and facility renovation is not anticipated.

V. Proposal Criteria

Applicants are invited to share a vision of the most appropriate, efficient and effective manner in which to proceed with program development and operation. Given the broad parameters of a team approach to individualized, flexible, consumer-driven services, proposals should address the following:

1. Clearly address the goals identified in Section III.
2. Comprehensively describe the program approach, services, and operational model being proposed.
3. Articulate the agency's understanding of person-centered planning and service delivery within the definition of services to be provided within this program, and how such planning would be incorporated within the proposed program.
4. Describe the composition of the proposed program team, including job descriptions and staff qualifications.
5. Describe a mechanism for staff deployment that will achieve optimum flexibility and responsiveness to consumers.
6. Discuss the need for inter-agency or other affiliation agreements, if applicable.
7. Describe the impact of the proposed changes on the residential continuum within the agency/county.

8. Discuss the availability of affordable housing, including rental sites or agency owned capacity, within the affected county(s) and methods of securing housing for consumers;
9. Describe the needs and preferences of the consumers who would be served in the program. Clarify the process by which consultation with Integrated Case Management Services (ICMS) and GPPH Social Services office will be incorporated.
10. Estimate the anticipated number of Medicaid eligible individuals. (The DMHS will calculate anticipated level of Medicaid revenue).
11. Describe a specific, time-framed process for program implementation, with emphasis upon expeditious “ramp up” to reach Team operational levels as quickly as possible. Specify consumer movement and process during phase-in.
12. Demonstrate that proposed program will comply with applicable provisions in DMHS Regulations for Residential Services/Supported Housing.
13. Provide table of organization, specifically indicating how this new program would be organized and its relationship with other agency operations.

VI. Provider Qualifications

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

1. The applicant must be a fiscally viable non-profit organization, and document demonstrable experience in successfully providing mental health support, rehabilitation, and treatment or housing services for adults with serious and persistent mental illness.
2. The applicant must currently meet DMHS licensing standards, or is capable of meeting licensing standards as a mental health provider were a contract to be awarded.

3. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

VII. Proposal Requirements:

1. Applicant must address all program items listed in Section V.
2. Applicants who do not currently contract with the Division must also include the following:
 - a. Organization history.
 - b. Documentation of incorporation status.
 - c. Overview of agency services.
 - d. Most recent agency audit.
 - e. Listing of current Board of Directors
 - f. Documentation that agency meets qualifying requirements for DHS program contract
 - g. Current Agency Licensure/Accreditation Status
3. Application program narratives must be no more than 20 pages in length, excluding budget detail. Pages must be clearly numbered. An additional 5 pages are allowed if item V11-2 response is required.
4. Budget information must be provided using DMHS Annex B categories for expenses and revenue. The document should include separate schedules for operational phase-in, one-time start-up costs, and annual operating costs, with a supporting budget narrative. Cost effectiveness of proposed models will be competitively evaluated.

VII. Bidder's Conference

A mandatory bidder's conference will be held on Tuesday morning, November 26, 2002, from 10:30-12:00, at the following location:

Community Room
3rd Floor, Main Building
Greystone Park Psychiatric Hospital
Central Avenue
Greystone Park, NJ

Please contact the Division's Northern Regional Office at 973-977-4397 to register by Friday November 22, 2002. Please limit attendance to two representatives per agency/ organization.

IX. Submission of Proposals

All proposals are due in the Northern Regional Office on or before, but no later than 5 p.m. December 20, 2002. One signed original and eight (8) copies are to be mailed or hand delivered to:

New Jersey Division of Mental Health Services
100 Hamilton Plaza, Room 615
Box 4
Paterson, New Jersey 07505

Attn: Maryellen Garvey, Supervising Administrative Analyst

In addition, three copies must be delivered to the County Mental Health Administrator in the county(s) in which the services will be provided. Addresses are attached.

FAXED SUBMISSIONS WILL NOT BE ACCEPTED.

X. Review of Proposals and Notification of Decisions

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

A committee comprised of DMHS Regional and Contracts staff, GPPH representative, consumer and family representatives will review the proposals. The review process may include an opportunity for applicants to discuss their submission with the review panel.

Recommendations from the Bergen, Morris and Passaic County Mental Health Boards will be requested and carefully considered in the final determination.

The DMHS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHS will notify all applicants of award decisions no later than January 31, 2003.

XI. Appeals of the Award Decisions

Only proposal respondents may make appeals of award determinations. Appeal instructions and deadlines will be provided with decision notification letters. All appeals must be made in writing and must clearly set forth the basis for the appeal. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.